

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobby	vist(s) Steve Ahnen,	Paula	Minnehan, Ka	athleen Bizarro-T	hunberg,	ravis Boucher
II. Name of lobby	ist's partnership, fire	n or co	rporation, if a	ıny:		
New Hampshire	e Hospital Associatio	n				
	(Name of partnership, fire	n or cor	poration)			
125 Airport Roa	d	Co	ncord	1	VH	03301
Business Address:	(Street)		(Town/City)		State)	(Zip Code)
603, 225-09	000 (603)	225-4346 (Fax	e-mai	_I pminneh	nan@nhha.org
(Telephor	ne)	, -	(Fax)	- 	
	se transactions which transactions occurring					the following client:
	(Full Name of Clie	nt as it a	appears on the Lo	obbyist Registration	Form)	
<u>OR</u> □	, e e e e e	• • •	1 14 .4 .4			<i>m</i> 11 , 11 , 1 , 1 , 1 , 1 , 1 , 1 , 1
∴ All reportable tunrelated to any part		oyist (ir	icluding the lob	obyist's family), or	the lobbyi	ng firm listed below which are
		r: n				
IV. Date of Repoi Reports cover:	rt April 26, 2017 activity from date of regis		to 3/31/17	July 26, 2 activity from 4/1.		17
teporis corer.		ober 25, 2017		January 31, 2018 []		
	activity from 7/1/17		17	activity from 10		
						the last report. State House, Room 204,
/I_Check if addi	tional reports are atta	iched:				
If you have re	ceived fees or made ex	penditu	ires, you must f	file Addendum A-	- Fees and	Expenses
Expense Reimburs	sement					Report of Honorariums or
If you, your fi	rm, or your family has	made p	olitical contrib	utions, you must f	ile Addend	lum C- Political Contributions
have read RSA 1	/Affirmation by Lobb 5, RSA 15-B, RSA 14- e best of my knowledg	C and		nereby swear or aff	firm that the \int_{D}	e foregoing information is true
Paula Minnehar					·	RECEIV
(Print Name of lo	bbyist)					NECEIV

OCT 27 2017

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Steve Ahnen, Paula Minnehan, Kathleen Bizarr	ro-Thunberg, Travis Boucher
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Hospital Association	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
 IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses: a) Total of all fees received in this reporting period b) Total of all fees received this calendar year, prior to this reporting period 	a) \$
(This should equal the total of all prior monthly reports for this calendar year)	b) \$ ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses pair expenses; (b) the aggregate total of a de: meals purchased during a business st than \$10 that is given to the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$15,626.00
in a), of \$25 or less.	b) \$
c). Total of all itemized expenditures reported in detail in section VI.	c) \$

(This should be the amount on line f of addendum A for last month's report)) \$) \$ pying fees during this reporting
(This should be the amount on line f of addendum A for last month's report) Total of all expenses year to date f. VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobb	\$ 68,030.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobb	
Provide the following detail for all expenditures of more than \$25 made from lobb	oying fees during this reporting
Paid to:	Amount:
	.
	S
	S
	S
	.
	S
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm the strue and complete to the best of my knowledge and belief.	hat the foregoing information
Paul Miniche	10/05/17
(Signature of lobbyist) Paula Minnehan	(Date)
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II. Name of lobbyist's pa		Po-muon, n muj.		
New Hampshire Hospita				
(Name of pa	rtnership, firm or corporation)			
III. Name of Client		Date		
Political Contributions For each political contributions client/lobbyist and lobbyi			ter 664 paid on behalf of the	
Full name of candidate:	Soucy	Donna		
_	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	250.00	Office Candidate is	s Seeking Senate	
		ve for amount of contriot	ution. If the actual cost is not know	
	the word "estimate."		otion. If the actual cost is not known	
enter an estimated value and	the word "estimate." D'Allesandro	Lou		
Full name of candidate:	the word "estimate."	Lou (First Name)	(Middle Name/Initial) Seeking Senate	
Full name of candidate: Amount of contribution \$	D'Allesandro (Last Name) 250.00 ind contribution, provide ntribution on the line above	Lou (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Seeking Senate Is or services provided, and enter t	
Full name of candidate: _ Amount of contribution \$ If the contribution is an in-k	D'Allesandro (Last Name) 250.00 ind contribution, provide ntribution on the line above	Lou (First Name) Office Candidate is a description of the good	(Middle Name/Initial)	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
Signature of lobbyist) 10/25/17 (Date)
Paula Minnehan
(Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association				
		or the partnership, firm, or	corporation and not related to any	
Date of Report (check	i one):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017	January 31, 2018 □	
			nd Expenses described above, and umber of Addendum forms being	
Addendum A	(s).			
Addendum B(s).			
Addendum C((s).			
•	f my knowledge and bel		nt and each Addendum is true and /// 21// 7- (Date)	
Steve Ahnen				
(Print Name of lobbyi	st)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):
Date of Report (check one):
April 26, 2017 □ July 26, 2017 □ October 25, 2017 ▼ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)
Paula Minnehan
(Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related particular client):	l to any
Date of Report (check one):	Water 1
April 26, 2017 □ July 26, 2017 □ October 25, 2017 ☑ January 31, 2018 □	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described abothe following Addendums submitted with that Statement (insert the number of Addendum forms submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is to complete to the best of my knowledge and belief.	ue and
(Signature of lobbyist) (Date)	
Kathleen Bizarro-Thunberg	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying partners	ship, firm, or corpor	ation: New Hampshire I	lospital Association
Name of Client (leave blan particular client):		•	corporation and not related to any
Date of Report (check one,			
April 26, 2017 □ Ju	uly 26, 2017 🗆	October 25, 2017	January 31, 2018 □
			d Expenses described above, and mber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm th complete to the best of my		ef.	t and each Addendum is true and
(Signature of lobbyist))		$\frac{10/2S/17}{\text{(Date)}}$
Travis Boucher			
(Print Name of lobbyist)			